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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIN	/I 3X	For Oth	er Than An	Authorized	l Committ	ee		Office Use Or	nly
1. NAME COMM	OF IITTEE (in full)		MAILING LAB OR PRINT		mple:If typing the lines	ı, type			
SOCIE	TY OF THORACIO	SURGEONS	S POLITICAL A	CTION COM	MITTEE	1 1 1			
			1 1 1 1		<u> </u>			1 1 1 1 1	
ADDRESS ((number and street)		CONNECTICUT	AVENUE, N.	W .		1 1 1 1	1 1 1 1	
th	heck if different an previously ported. (ACC)	WASH	INGTON				DC	20036	·
2. FEC I C	DENTIFICATION N	UMBER 1		CITY 🛕		:	STATE	ZIPO	CODE A
C	000325936		;	B. IS THIS REPORT		NEW (N) OR		AMENDED A)	
(Choos	of Report se One) uarterly Reports: April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Quarterly Report July 31 Mid-Yea Report(Non-elec Year Only) (MY) Termination Rep (TER)	t(Q1) (c) t(Q2) t(Q3) t(YE) r ttion (d)	PRE-Electio Report for th B 30-Day Post -Electi Report for th	lection on	Ä.	12C)	Se	(12G) in the Star (30R) in the star in the	te of Special (30S)
5. Coverir	ng Period	01 0	1 2008	3	through	0 1	3 1	2008	
-	I have examined that Name of Treasure		to the best of meith S. Naunheir	-	and belief it is	true, correct	and complete).	
Signature of		tronically Filed		S. Naunheim			Pate 0.2		2008
	omission of false, e	rroneous, or in	complete inform	nation may sul	oject the pers	on signing thi	s Report to th	ne penalties of 2	U.S.C 437g.
	Office Use							FEC FC	

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE [®] D " D 0 1 0 1 2008 0 1 3 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 61602.53 January 1 (b) Cash on Hand at 61602.53 Begining of Reporting Period 57031.00 57031.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 118633.53 118633.53 6(a) and 6(c) for Column B) 1773.99 1773.99 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 116859.54 116859.54 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

0 1 3^D1 м N 0 1 м м 0 1 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 54505.00 54505.00 (i) Itemized (use Schedule A) 2526.00 2526.00 (ii) Unitemized (iii) TOTAL (add 57031.00 57031.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 57031.00 57031.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 57031.00 57031.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 57031.00 57031.00 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 673.99 673.99 Expenditures..... (c) Total Operating Expenditures 673.99 673.99 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 0.00 0.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 27. Loans Made..... 0.00 28. Refunds of Contributions To: Individuals/Persons Other 1100.00 1100.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 1100.00 1100.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 1773.99 1773.99 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 1773.99 1773.99 from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	57031.00	57031.00
34.	Total Contribution Refunds (from Line 28(d))	1100.00	1100.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	55931.00	55931.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	673.99	673.99
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	673.99	673.99

FE6AN026

SCHEDULE A (FEC ITEMIZED RECEIPTS	<u>-</u>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, othe NAME OF COMMITTEE (In	er than using the name and ad Full)	ay not be sold or used by any persidress of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Dr. Richard M. Alexander	e Initial)		Date of Receipt
Mailing Address 7737 Sou	uthwest Freeway		01 23 2008
City	State	Zip Code	Transaction ID: SA11AI.8011
Houston FEC ID number of contributir federal political committee.	TX C	77074	Amount of Each Receipt this Period 1000.00
Name of Employer Texas Surgical Associates	Occupation Physicial		
Receipt For: Primary Gene Other (specify) ▼		e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Dr. Richard C. Anderson			Date of Receipt
Mailing Address 420 Nort	heast Glen Oak Avenue		0 1 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Peoria	State IL	Zip Code 61603	Transaction ID: SA11AI.8030 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Peoria Surgical Group	Occupation Physicia		
Receipt For: Primary Gene Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Dr. Joseph E. Bavaria	e Initial)		Date of Receipt
Mailing Address 504 Wes	st Allens Lane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Philadelphia	State PA	Zip Code 19119	Transaction ID: SA11AI.8039 Amount of Each Receipt this Period
FEC ID number of contributir federal political committee.	C		500.00
Name of Employer University of Pennsylvania	Occupation Physicia		
Receipt For: Primary Gene Other (specify) ▼		e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This P	Page (optional)		2000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/33 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma he name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	SOCIETY OF THORACIC SURGEO	NS POLITICA	AL ACTION COMMITTEE	
۸.	Full Name (Last, First, Middle Initial) Dr. Thomas M. Beaver			Date of Receipt
	Mailing Address 9605 Southwest 33rd			01 28 2008
	City Gainesville	State FL	Zip Code 32608	Transaction ID: SA11AI.8086 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer University of Florida	Occupation Physicia		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Thomas V. Bilfinger Mailing Address 7 Daniel Way			Date of Receipt
	City	State	Zip Code	01 28 2008
	Setauket	NY	11733	Transaction ID: SA11AI.8040 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SUNY at Stony Brook	Occupation Physicia		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
 ;.	Full Name (Last, First, Middle Initial) Dr. Theodore J. Boeve			Date of Receipt
	Mailing Address 16069 Lake Point Dr	ive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Spring Lake	State MI	Zip Code	Transaction ID: SA11AI.8043
	FEC ID number of contributing federal political committee.	C	49456	Amount of Each Receipt this Period 365.00
	Name of Employer West Michigan CT Surgeons	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	_,	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			1365.00
	TOTAL This Period (last page this line numb	er only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 33 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGE	ONS POLITICA	AL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Dr. R. Morton Bolman, III			Date of Receipt
Mailing Address 64 Beethoven Aven	ue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Waban	State MA	Zip Code 02468	Transaction ID: SA11AI.8087 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	02.00	500.00
Name of Employer Brigham and Women's Hospi- tal	Occupation Physician		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Joe R. Bolton			Date of Receipt
Mailing Address 12224 Via II Prato A	Avenue		0 1 28 2008
City Clovis	State CA	Zip Code 93619	Transaction ID: SA11AI.8041
FEC ID number of contributing federal political committee.	C	33013	Amount of Each Receipt this Period 500.00
Name of Employer Stanford University	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. John H. Calhoon			Date of Receipt
Mailing Address 24 Arnold Palmer			0 1 2 9 2 0 0 8
City San Antonio	State TX	Zip Code 78257-1274	Transaction ID: SA11AI.8107
FEC ID number of contributing federal political committee.	C	70237-1274	Amount of Each Receipt this Period
Name of Employer UTHSCSA Dept. of Surgery	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional	1)		2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/33 (check only one) X
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGE	ONS POLITICA	L ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Dr. Normand R. Caron			Date of Receipt
Mailing Address 2835 Wickerwood	Court		M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
City Columbia	State MO	Zip Code 65201	Transaction ID: SA11AI.8123 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer University of Missouri	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Joseph C. Cleveland			Date of Receipt
Mailing Address 9304 East Atlantic	Place		01 28 2008
City	State CO	Zip Code	Transaction ID: SA11AI.8045
Denver FEC ID number of contributing federal political committee.	C	80231	Amount of Each Receipt this Period
Name of Employer University of Colorado	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Malcolm DeCamp			Date of Receipt
Mailing Address 32 Roosevelt Road	I		01 28 2008
City Lexington	State MA	Zip Code 02421	Transaction ID: SA11AI.8047 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	02421	500.00
Name of Employer Harvard Med Faculty Physi- cians	Occupation Physician	1	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
			2500.00

Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEO Full Name (Last, First, Middle Initial) Dr. Pedro J. del Nido Mailing Address 9 Heritage Drive City Lexington	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee. Date of Receipt
SOCIETY OF THORACIC SURGEO Full Name (Last, First, Middle Initial) Dr. Pedro J. del Nido Mailing Address 9 Heritage Drive City Lexington		AL ACTION COMMITTEE	Date of Receipt
Dr. Pedro J. del Nido Mailing Address 9 Heritage Drive City Lexington	State		Date of Receipt
Mailing Address 9 Heritage Drive City Lexington	State		
Lexington	State		01 28 2008
_	Otato	Zip Code	Transaction ID: SA11AI.8046
EEO ID according of a cartally of a c	MA	02420	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Children's Hospital Boston	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Lawrence J. Duke			Date of Receipt
Mailing Address 62 Paseo Mirasol			01 23 2008
City	State	Zip Code	Transaction ID: SA11AI.8014
Tiburon	CA	94920	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self	Occupatio Physicia		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Dr. L. Henry Edmunds			Date of Receipt
Mailing Address 130 North Roberts F	Road		01 29 2008
City	State	Zip Code	Transaction ID: SA11AI.8110
Bryn Mawr	PA	19010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer University of Pennsylvania	Occupatio Physicia		
Receipt For:	Aggregate	e Year-to-Date ▼	_
Primary General Other (specify) ▼		1000.00	
SUBTOTAL of Receipts This Page (optional)	I		1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 33 (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGE	ONS POLITICA	AL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Dr. Richard H. Feins			Date of Receipt
Mailing Address 10424 Stone			01 28 2008
City	State	Zip Code	Transaction ID: SA11AI.8053
Chapel Hill FEC ID number of contributing federal political committee.	C	27517	Amount of Each Receipt this Period 500.00
Name of Employer University of North Carol- ina	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Francis D. Ferdinand	I		Date of Receipt
Mailing Address 2967 West School	House Lane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Philadelphia	State PA	Zip Code 19144	Transaction ID: SA11AI.8091
FEC ID number of contributing federal political committee.	C	13144	Amount of Each Receipt this Period 1000.00
Name of Employer Lankenau Hospital	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Richard J. Fischel	<u> </u>		Date of Receipt
Mailing Address 28 Bluff View			01 29 2008
City	State	Zip Code	Transaction ID: SA11AI.8113
Irvine FEC ID number of contributing federal political committee.	CA	92603	Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	J		2500.00

Any information copie	d from such Reports and Statem	Use separate schedule(s) for each category of the Detailed Summary Page ents may not be sold or used by any perso	FOR LINE NUMBER: PAGE 12 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial purp	ooses, other than using the name ITTEE (In Full)	e and address of any political committee to	solicit contributions from such committee.
Full Name (Last, F Dr. Gregory P. Font Mailing Address	irst, Middle Initial) ana 2476 Lancelot Lane		Date of Receipt
City		State Zip Code	01 28 2008
Los Angeles		CA 90077	Transaction ID: SA11AI.8090 Amount of Each Receipt this Period
FEC ID number of federal political cor	contributing		1000.00
Name of Employer Cedar-Sinai Medic		ccupation nysician	
Receipt For: Primary Other (speci	General	ggregate Year-to-Date ▼ 1000.00	
Full Name (Last, F Dr. Richard K. Free	man		Date of Receipt
Mailing Address	11685 Bradford Place		01 28 2008
City	;	State Zip Code	Transaction ID: SA11AI.8050
<u>Carmel</u>		N 40633	Amount of Each Receipt this Period
FEC ID number of federal political cor			1000.00
Name of Employer Corvasc	Pl	ccupation nysician	
Receipt For: Primary Other (speci	General	ggregate Year-to-Date ▼ 1000.00	
Full Name (Last, F Dr. Stanley A. Gall	irst, Middle Initial)		Date of Receipt
Mailing Address	1616 West Leland Avenue		01 28 2008
City	;	State Zip Code	Transaction ID: SA11AI.8051
Springfield		L 62701	Amount of Each Receipt this Period
FEC ID number of federal political cor			500.00
Name of Employer Cardiovascular As	sociates	ccupation nysician	
Receipt For: Primary Other (speci	General	ggregate Year-to-Date ▼ 500.00]
SUBTOTAL of Rece	ipts This Page (optional)		2500.00

SCHEDULE A (FEO		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, o	other than using the name and	may not be sold or used by any personaddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
SOCIETY OF THORA	'	CAL ACTION COMMITTEE	
Full Name (Last, First, Mic Dr. Timothy J. Gardner Mailing Address P.O. E			Date of Receipt
		7in Codo	01 28 2008
City <u>Chatham</u>	State PA	Zip Code 19318	Transaction ID: SA11AI.8052 Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.			1000.00
Name of Employer Christiana Care Health Sy stem	Occupa Physic		
Receipt For:	Aggreg	ate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Mic Dr. Marc W. Gerdisch	ddle Initial)		Date of Receipt
Mailing Address 820 Ta	aft Street		$\begin{bmatrix} & M & M & / & D & D & / & Y & Y & Y & Y \\ 0 & 1 & & 2 & 7 & & 2 & 0 & 0 & 8 \end{bmatrix}$
City	State	Zip Code	Transaction ID: SA11AI.8031
<u>Hinsdale</u>	<u> L</u>	60521	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.			1000.00
Name of Employer Cardiac Surgery Associate	Occupa Physic		
Receipt For: Primary Ge Other (specify) ▼		ate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Mic Dr. Jeffrey P. Gold	ddle Initial)		Date of Receipt
Mailing Address 3045 A	Arlington Avenue		0 1 2 8 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.8054
Toledo FEC ID number of contributed federal political committee.		43614	Amount of Each Receipt this Period 365.00
Name of Employer University of Toledo	Occupa Physic		
Receipt For: Primary Other (specify) ▼	Aggreg	ate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts Thi	s Page (entional)		2365.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee	
Full Name (Last, First, Middle Initial) Dr. Robert A. Guyton Mailing Address 1088 Lallwater Road City Atlanta FEC ID number of contributing federal political committee. Name of Employer The Emory Clinic Receipt For: Primary General Other (specify)	State Zip Code GA 30307 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. John L. Harlan Mailing Address 2748 Abingdon Road City Birmingham FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code AL 35243 C Occupation Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M 29 2008 Transaction ID: SA11AI.8124 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. James R. Headrick Mailing Address 1357 Falmouth Road City Chattanooga FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code TN 37405 C Occupation Physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M 28 2008 Transaction ID: SA11AI.8056 Amount of Each Receipt this Period 2000.00
SUBTOTAL of Receipts This Page (optional)		2750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 33 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may not be sold or used by any pe g the name and address of any political committee	
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGE	EONS POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Dr. John C. Heiser		Date of Receipt
Mailing Address 1900 Wealthy Stre		01 27 7 2008
City Grand Rapids	State Zip Code MI 49506	Transaction ID: SA11AI.8032
FEC ID number of contributing federal political committee.	C 49506	Amount of Each Receipt this Period 1000.00
Name of Employer West Michigan Cardiothora- cic	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. William H. Heitman		Date of Receipt
Mailing Address 101 Saint Edward	Place	01 29 2008
City	State Zip Code	Transaction ID: SA11AI.8125
Palm Beach Gardens	FL 33418	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. George L. Hicks		Date of Receipt
Mailing Address 601 Elmwood Ave	nue	0 1 2 8 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.8057
Rochester	NY 14642	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer University of Rochester	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SURTOTAL of Receipts This Page (option	al)	2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any p the name and address of any political committ ONS POLITICAL ACTION COMMITTEE	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. J. Michael Hogan Mailing Address 4648 24th Street, N City Arlington FEC ID number of contributing federal political committee. Name of Employer Society of Thoracic Surgeons Receipt For:	State Zip Code VA 22207 C Occupation Director of Government Relations Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Anthony A. Holden	1000.00	Date of Receipt
Mailing Address 3560 Autumn Woo City Okemos FEC ID number of contributing federal political committee.	State Zip Code MI 48864	Transaction ID: SA11AI.8093 Amount of Each Receipt this Period 365.00
Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 365.00	
Full Name (Last, First, Middle Initial) Dr. Keith A. Horvath Mailing Address 4622 Charleston Te	errace, Northwest	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20007	Transaction ID: SA11AI.8034 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	1000.00
Name of Employer Suburban Specialty Care Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)(lis	2365.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 33 (check only one) X
NAME OF COMMITTEE (In Full)	ond Statements may not be sold or used by any per the name and address of any political committee	
Full Name (Last, First, Middle Initial) Dr. Leslie J. Kohman Mailing Address 500 Kimble Road City Syracuse FEC ID number of contributing federal political committee. Name of Employer SUNY Upstate Medical Univ.	State Zip Code NY 13224 C Occupation	Date of Receipt M M J J J J J J J J J J J J J J J J J
Receipt For: Primary Other (specify)	Physician Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr. Leslie J. Kohman Mailing Address 500 Kimble Road	•	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.8061
Syracuse	NY 13224	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer SUNY Upstate Medical Univ.	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	565.00	
Full Name (Last, First, Middle Initial) Dr. Stephen J. Lahey	1	Date of Receipt
Mailing Address 400 East 52nd Stre	eet	01 28 2008
City	State Zip Code	Transaction ID: SA11AI.8096
New York FEC ID number of contributing federal political committee.	NY 10022	Amount of Each Receipt this Period 500.00
Name of Employer Maimonides Medical Center	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	J)	1065.00

SCHEDULE A (FEO	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 33 (check only one) X 11a 11b 11c 12
Any information copied from s or for commercial purposes, c	such Reports and Statements ma other than using the name and ac	ay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions so solicit contributions from such committee.
NAME OF COMMITTEE (SOCIETY OF THORA	(In Full) CIC SURGEONS POLITICA	AL ACTION COMMITTEE	
Full Name (Last, First, Mid Dr. Robert A. Lancey	ddle Initial)		Date of Receipt
Mailing Address 141 Da	arlon Road		0 1 2 9 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.8127
Fly Creek	NY	13337	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.			1000.00
Name of Employer Bassett Healthcare	Occupation Physicia		
Receipt For: Primary Ge Other (specify) ▼	Aggregat Aggregat	e Year-to-Date 1000.00	
Full Name (Last, First, Mid Dr. Alex G. Little	ddle Initial)		Date of Receipt
· -	Spice Bush Lane		01 28 2008
City	State	Zip Code	Transaction ID: SA11AI.8064
<u>Dayton</u>	OH	45429	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.			365.00
Name of Employer Wright State University	Occupation Physicia		
Receipt For: Primary Ge Other (specify) ▼	Aggregat Aggregat	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Mid Dr. Douglas J. Mathisen	ddle Initial)		Date of Receipt
Mailing Address 60 Pin	e Street		01 28 2008
City Dover	State MA	Zip Code 02030	Transaction ID: SA11AI.8104 Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.			1000.00
Name of Employer Surgical Associates- MGH	Occupation Physicia		
Receipt For: Primary Ge Other (specify) ▼		e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts Thir	s Page (optional)		2365.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 33 (check only one) X
or for commercial purposes, other than using th	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEON	NS POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Dr. Constantine Mavroudis Mailing Address 999 North Lake Shore) Drive	Date of Receipt
City	State Zip Code	0 1 2 8 2 0 0 8 Transaction ID: SA11AI.8065
<u>Chicago</u>	IL 60611	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Children's Memorial Hospi- tal	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Dr. John E. Mayer	1	Date of Receipt
Mailing Address 44 Skyline Drive		01 28 7 2008
City	State Zip Code	Transaction ID: SA11AI.8097
Wellesley	MA 02482	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer Children's Hospital of Bo- ston	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) Dr. Robert J. McKenna		Date of Receipt
Mailing Address 400 South Windsor		01 28 2008
City	State Zip Code	Transaction ID: SA11AI.8066
Los Angeles	CA 90048	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional) .		4000.00
TOTAL This Period (last page this line numbe	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports as	for De	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 20 / 33 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGE	the name and address	of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Robert P. McManus			Date of Receipt
Mailing Address 4523 North Murray	Avenue		01 28 2008
City		Zip Code	Transaction ID: SA11AI.8068
White Fish Bay	WI	53211-4516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Cardiothoracic Surgery Gr- oup	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Frederick A. Meadors			Date of Receipt
Mailing Address 3 Sunset Drive			01 27 2008
City		Zip Code	Transaction ID: SA11AI.8035
Little Rock FEC ID number of contributing federal political committee.	AR C	72207	Amount of Each Receipt this Period 1000.00
Name of Employer CV Surgeons, P.A.	Occupation		
Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year	to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Walter H. Merrill			Date of Receipt
Mailing Address 8 Elmhurst Place			01 29 2008
City		Zip Code	Transaction ID: SA11AI.8129
Cincinnati	OH	45208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer University of Cincinnati	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	al)		2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to ONS POLITICAL ACTION COMMITTEE	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Tomislav Mihaljevic Mailing Address 34000 Cedar Road City Gates Mills FEC ID number of contributing federal political committee. Name of Employer Cleveland Clinic Receipt For: Primary General	State Zip Code OH 44040 C Occupation Physician Aggregate Year-to-Date 500.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Daniel L. Miller Mailing Address 551 Gramercy Driv City Marietta FEC ID number of contributing federal political committee.	e, Northeast State Zip Code GA 30060 C	Date of Receipt M M M / D D / Y Y Y Y Y 0 1 28 2008 Transaction ID: SA11AI.8099 Amount of Each Receipt this Period 1000.00
Name of Employer Emory University Healthca- re Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation Physician Aggregate Year-to-Date 1000.00	
Dr. Bjorn K. Monson Mailing Address 22 Ludlow Avenue City St. Paul FEC ID number of contributing federal political committee. Name of Employer Park Nicollet Heart Center Receipt For: Primary General	State Zip Code MN 55108 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 1 2 9 2 0 0 8 Transaction ID: SA11AI.8114 Amount of Each Receipt this Period 1000.00
Other (specify) SUBTOTAL of Receipts This Page (optional	1000.00	2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persolute name and address of any political committee to ONS POLITICAL ACTION COMMITTEE	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Keith S. Naunheim Mailing Address 52 Middlesex Drive City St. Louis FEC ID number of contributing federal political committee. Name of Employer St. Louis University Receipt For: Primary General Other (specify)	State Zip Code MO 63144 C Occupation Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Francis C. Nichols Mailing Address 1034 Weatherhill L City Rochester FEC ID number of contributing	ane, Southwest State Zip Code MN 55902	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. G. Alexander Patterson Mailing Address 18 Southmoor Driv City Clayton FEC ID number of contributing federal political committee.	State Zip Code MO 63105	Date of Receipt M M
Name of Employer Washington University Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 1000.00	
SUBTOTAL of Receipts This Page (optional	al)	2500.00

Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEON Full Name (Last, First, Middle Initial) Dr. D. Glenn Pennington Mailing Address 9 Dove Tree Lane City	e name and add	dress of any political committee to	solicit contributions from such committee. Date of Receipt
Dr. D. Glenn Pennington Mailing Address 9 Dove Tree Lane	State		Date of Receipt
	State		
City	State		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-		Zip Code	Transaction ID: SA11AI.8073
<u>Jonesborough</u>	TN	37659	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer East Tennessee State Univ.	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Anthony L. Picone			Date of Receipt
Mailing Address 750 East Adams Stree	et		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.8116
Syracuse	NY	13210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Kaleida Health Care	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr. Maurice Pockey	l		Date of Receipt
Mailing Address 8212 Turtle Creek Circ	cle		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.8075
Las Vegas	NV	89113	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Cardiovascular Surgery As- soc.	Occupation Physician		
Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (optional)			1365.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 33 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEO	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. John D. Puskas			Date of Receipt
Mailing Address 854 Carlton Ridge N City	Northeast State	Zip Code	0 1 2 8 2 0 0 8 Transaction ID: SA11AI.8100
Atlanta	GA	30342	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Emory University	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Carolyn E. Reed Mailing Address 39 Broughton Road			Date of Receipt
Mailing Address 39 Broughton Hoad			01 29 2008
City	State	Zip Code	Transaction ID: SA11AI.8117
<u>Charleston</u>	SC	29407	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Medical Univ of SC	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Dr. Juan A. Sanchez	l .		Date of Receipt
Mailing Address 56 Franklin Street			0 1 2 8 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.8076
Waterbury	CT	06706	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Saint Mary's Hospital	Occupation Physician	<u> </u>	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	<u>'</u>		2500.00

SCHEDULE A (FEC Form 32 ITEMIZED RECEIPTS Any information copied from such Reports at	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 33 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to ONS POLITICAL ACTION COMMITTEE	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. John J. Schier		Date of Receipt
Mailing Address 12772 Devon Lane		0 1 2 8 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.8080
<u>Carmel</u>	IN 46032	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Corvasc	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Steven S. Scott		Date of Receipt
Mailing Address 137 Roffinghams V	Vay	M M / D D / Y Y Y Y Y O N N N N N N N N N N N N N N
City	State Zip Code	Transaction ID: SA11AI.8023
Williamsburg	VA 23185	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Riverside Medical Group	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Esfandiar Shafii	I .	Date of Receipt
Mailing Address 10318 Orange Gro	ve Drive	0 1 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.8024
Tampa	FL 33618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Retired	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	al)	2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal part of the name and address of any political committee to Statement Statements and address of any political committee to Statement Sta	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Thomas G. Sharp Mailing Address 7002 Normandy Way City Indianapolis FEC ID number of contributing federal political committee. Name of Employer Cardiothoracic Surgeons Receipt For: Primary General Other (specify)	State Zip Code IN 46278 C Occupation Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Scott C. Silvestry Mailing Address 135 Woodside Road City Ardmore FEC ID number of contributing federal political committee. Name of Employer Thomas Jefferson University Receipt For: Primary General Other (specify)	State Zip Code PA 19003 C Occupation Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. J. Marvin Smith Mailing Address 204 Zambrano City San Antonio FEC ID number of contributing federal political committee. Name of Employer Cardiothoracic Surgical Assoc Receipt For: Primary General Other (specify)	State Zip Code TX 78209 C Occupation Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports a	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any pers	FOR LINE NUMBER: PAGE 27 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Alan J. Spotnitz		Date of Receipt
Mailing Address 47 Wakefield Lane	;	01 28 2008
City	State Zip Code	Transaction ID: SA11Al.8101
Piscataway	NJ 08854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UMDNJ-RWJMS	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Russell F. Stahl		Date of Receipt
Mailing Address 1800 Mulberry Stre	eet	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.8083
Scranton	PA 18510	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Premiere Surgical	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Kenneth S. Stone		Date of Receipt
Mailing Address 610 Silver Wraith		0 1 1 6 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.8009
Zionsville	IN 46077	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Arnett Clinic	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)	1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso the name and address of any political committee to ONS POLITICAL ACTION COMMITTEE	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Cary L. Stowe	ONS POLITICAL ACTION COMMITTEE	Date of Receipt
Mailing Address PO Box 643383		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Vero Beach	State Zip Code FL 32964	Transaction ID: SA11AI.8118 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Indian River Medical Cent- er	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Thoralf M. Sundt		Date of Receipt
Mailing Address 1033 East Weather	rhill Drive, SW	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rochester	State Zip Code MN 55902	Transaction ID: SA11AI.8119 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Mayo Clinic	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Gonzalo M. Vargas		Date of Receipt
Mailing Address 7737 Southwest Fr	eeway	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Houston</u>	State Zip Code TX 77074-1807	Transaction ID: SA11AI.8142 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Texas Surgical Associates	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (options	al)	3000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any personal the name and address of any political committee to ONS POLITICAL ACTION COMMITTEE	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Peter A. Walts Mailing Address 10759 Giselle Way		Date of Receipt
City Fortville FEC ID number of contributing	State Zip Code IN 46040	Transaction ID: SA11AI.8130 Amount of Each Receipt this Period
federal political committee. Name of Employer Corvasc Receipt For:	Occupation Physician	500.00
Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Dr. Jorge A. Wernly Mailing Address 4661 Los Poblanos City	Circle, NW State Zip Code	Date of Receipt M
Albuquerque FEC ID number of contributing federal political committee.	NM 87107	Amount of Each Receipt this Period 365.00
Name of Employer University of New Mexico Receipt For:	Occupation Physician Aggregate Year-to-Date ▼	- -
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Dr. Robert J. Wiechmann Mailing Address 1400 Bellinger Street	et	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Eau Claire FEC ID number of contributing	State Zip Code WI 54701	Transaction ID: SA11AI.8120 Amount of Each Receipt this Period
federal political committee. Name of Employer Luther Midelfort	Occupation Physician	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (optional	· I)	1365.00

A.

В.

PAGE 30/33 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Mr. Robert A. Wynbrandt Date of Receipt Mailing Address 921 Dryden Lane 0.1 29 2008 City State Zip Code Transaction ID: SA11AI.8122 Highland Park IL 60035 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Society of Thoracic Surge-Occupation **Executive Director** ons Receipt For: Aggregate Year-to-Date General Primary 500.00 Other (specify) Full Name (Last, First, Middle Initial) Dr. George L. Zorn Date of Receipt Mailing Address 3116 Old Ivy Road 0 1 23 2008 City Transaction ID: SA11AI.8028 State Zip Code **Birmingham** ΑL 35210-3609 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer University of Alabama Occupation Physician Receipt For: Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	•	54505.00

500.00

Primary

Other (specify)

General

В.

C.

ago# 200000001 !			
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE N	
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		by any person fo	r the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEONS PC	LITICAL ACTION COMM	IITTEE	
Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.8134
American Express			Date of Disbursement
Mailing Address P.O. Box 53852			01
	State Zip Code AZ 85072		Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Fees			286.59
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: SB21B.8135 Date of Disbursement
Mailing Address P.O. Box 53852			01
,	State Zip Code AZ 85072		Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Fees			29.50
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: SB21B.8136 Date of Disbursement
Mailing Address P.O. Box 53852			01
	State Zip Code AZ 85072		Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Fees		•	132.75
Candidate Name	'	Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:	Canon (opening)		
SUBTOTAL of Disbursements This Page (optional) .		>	448.84

TOTAL This Period (last page this line number only)

State:

A.

District:

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	CHEDULE B (FEC Form :	/ Use separat	Use separate schedule(s) FOR L					R:			PA	GE	32 / 3	33	
I Г	EMIZED DISBURSEMEN	for each cate Detailed Sur	for each category of the Detailed Summary Page		21b 27	Á	22 28a	ш	23 28b		24 28c		25 29		26 30b
	y Information copied from such Reports a for commercial purposes, other than usin														
$\overline{\ }$	NAME OF COMMITTEE (In Full)														
/	SOCIETY OF THORACIC SURG	EONS POLITICAL AC	CTION COMMI	ГΤЕ	E										
	Full Name (Last, First, Middle Initial) American Express						Trans Date o			eme			7 0 ŏ 8	Y	
	Mailing Address P.O. Box 53852						0 1		2	9		. 2	0 0 8		
	City Phoenix		Zip Code				Amou	nt of	Each	Dis	burser	nen	t this F	erio	d
	Purpose of Disbursement Credit Card Fees	AZ C	85072	•									4.5	0	
	Candidate Name		C	atec Typ	-										
	Office Sought: House Senate President	Disbursement For: Primary Other (specify	General												

SUBTOTAL of Disbursements This Page (optional)	•	4.50
TOTAL This Period (last page this line number only)	<u> </u>	453.34

COUEDINE D /EEC Form 2V)			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	OR LINE NUMBER: check only one)	PAGE 33/33
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 23 23 27 X 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			ŭ
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEONS PO	DLITICAL ACTION COMMITTE	ΞE	
Full Name (Last, First, Middle Initial) Dr. Gonzalo M. Vargas Mailing Address 7737 Southwest Freeway	/	Transaction ID: SE Date of Disburseme	
City Houston Purpose of Disbursement Refund of 01/28/2008 Contribution	State Zip Code TX 77074-1807	Amount of Each Dis	sbursement this Period
Candidate Name	I	egory/ /pe	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	•	1000.00